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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

	OCUMENT #	1	8	1	3	3	2
1.	Corneration Name	_	•	•	•	_	_

ESDRAS CLEANERS & LAUNDRY, INC.

Principal Place of Business			Mailing Address				I (Sellen san Inie) (1998 III at 1999 III at 1990 III at 1990 III at 1990 III					
6310 N.E. 2ND AVE MIAMI FL 33138 US		1866 NW 36TH ST 6310 NE 2ND AVE MIAMI FL 33142		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 06/19/1990								
US												
2. Principal Place of Business 2a. Maili			lailing Address				4. FEI Number		Appl	ied For		
21	•	26					65-0209177		Not /	Applicable		
Suite, Apt. #, etc.			uite, Apt. #, etc.	•			5. Certificate of Status Desired		5 Ad Requ	lditional uired		
City & Stat	e	27 C	City & State	-		-	6. Election Campaign Financing Trust Fund Contribution		00 м led to	lay Be Fees		
Zip	Country		ip	Counti	ry		8. This corporation owes the current year Intang	gible				
24 25 29			30	o			· · · · · · · · · · · · · · · · · · ·	ĞYes	Γ	∃No		
	9. Name and Address of Curren		red Agent	1			10. Name and Address of New Registered Ag	ent				
_	. `			8	1	Name						
RODRIGUEZ, ESDRAS A.			-	2	Street Ad	dress (P.O. Box Number is Not Acceptable)			·			
6310	6310 NE 2ND AVE			ľ		Sileet Au	gless (F.O. Box Number is Not Acceptable)					
MIAN	MIAMI FL.			8	3							
1	• .			8	4	City		85 2	Zip Co	ode		
Į.	and the second				-	_	· FL		·			
office or r agent. I a	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida i	Such change was auth	IOFIZEO D	v	ine corpora	rporation submits this statement for the purpose of chation's board of directors. I hereby accept the appointment	anging nent a	j its re s regis	egistered stered		
SIGNATURE	Signature, typed or printed name of registered agen	1 and title if ap	pplicable. (NOTE: Re	egistered Ag	jent	t signature requ	ired when reinstating) DATE					
12.	OFFICERS AN	D DIREC	TORS	13.			ADDITIONS/CHANGES TO OFFICERS AND	DIRE	CTOR	S IN 12		
TITLE	PD		☐ DELETE	1.1 TITLE				Char	ıge	Addition		
NAME	RODRIGUEZ, ESDRAS A.			1.2 NAME	E							
STREET ADDRESS	6310 NE 2ND AVE			1.3 STRE	ΕT	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33138			1.4 CITY	- S T	ſ-ZIP						
TITLE	S . □ DELETE 2.17		2.1 TITLE	2.1 TITLE		[Char	nge	☐ Addition			
NAME	AME RODRIGUEZ, SEGUNDA		2.2 NAME									
STREET ADDRESS 6310 NE 2ND AVE			2.3 STREET ADDRESS		ADDRESS							
CITY-ST-ZIP MIAMI FL 33128			2.4 CITY-ST-Z		T-ZIP							
TITLE	Delem		DELETE	3.1 TITLE				Char	nge	☐ Addition		
NAME RODRIGUEZ, ESDRAS A JR.			3.2 NAME									
STREET ADDRESS 6310 NE 2ND AVE			3.3 ST		3.3 STREET ADDRESS							
MIAMI EL 22129			1 24.0			T 710						

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

☐ DELETE

DELETE

Addition

Addition

☐ Addition

☐ Change

☐ Change

Change